

SUPERVISOR'S OWCP CHECKLIST

Name: _____

DOI: _____

Claim #: _____

1. Injury Reported -

- ☐ Employee reports incident by completing OSHA form at website <https://www.ecomp.dol.gov/#>
- ☐ Employee may then access CA 1, Traumatic Injury or CA 2, Occupational Disease claim form

2. Notify Safety -

- ☐ Upon receipt of OSHA 301 email notification, review and forward form to Safety

3. Medical Documentation - Upload into WEEDS (*Must be signed by physician*)

- ☐ CA-16, Authorization for examination (only issue within 48hrs of injury)
- ☐ CA-20, Attending Physician's Report (each time medial treatment received)
- ☐ CA-17, Duty Status Report (must submit after each treatment)
- ☐ Injured employee must notify physician that Agency offers light duty

4. Continuation of Pay (COP) - *Must be supported by medical documentation*

- ☐ **45 calendar days entitlement following date of traumatic injury**
- ☐ Time card code for COP: LU for date of injury and LT 45 days after injury
- ☐ Four digit code for time card is month and day of injury
- ☐ If claim is denied, change COP to LS, LA or LWOP
- ☐ Notify ICPA when COP is used (supporting medical documentation required)

5. Medical Authorization - *Must be supported by medical justification*

- ☐ Physician requests authorization: phone (844) 493-1966, fax (800) 215-4901, <http://owcp.dol.acs-inc.com>
- ☐ Medical Provider must have **ACS Provider Number** to receive authorization
- ☐ Physician must state ICD-9, diagnosis code and CPT, procedure code

6. Compensation after 45 days - *IF NEEDED* - *Must be supported by medical documentation*

- ☐ Must be in LWOP (Leave Without Pay) status
- ☐ CA-7, Claim for Compensation (submit every two weeks)
- ☐ SF-1199A, Direct Deposit Sign-up
- ☐ After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status
- ☐ Pay rate is three-fourths (3/4) *with* dependents and two-thirds (2/3) *without* dependents

7. Medical Bills -

- ☐ Website: <http://owcp.dol.acs-inc.com> (**Provider search is available on this site**)
- ☐ Medical Provider must have **ACS Provider Number** to receive payment
- ☐ Bills submitted manually must be submitted on HCFA-1500 or UB-92

Mailing Address: **ACS Customer Service: (844) 493-1966**
US Dept of Labor-OWCP
PO Box 8300
London, KY 40742-8300

8. Reimbursement - *IF NEEDED*

- ☐ OWCP-915 - Medical and OWCP-957 - Travel - Submit with required documentation to ICPA

9. Agency Point of Contact - ICPA:

State Headquarters
Address
Street
City/State/Zip

Phone:
Fax:
E-mail: